



HAWAII STATE ETHICS COMMISSION ORGANIZATION'S OR INDIVIDUAL'S EXPENDITURES AND CONTRIBUTIONS REPORT

(To be filed by organizations, employing organizations and individuals
other than registered lobbyists)

FORM ORG

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HAWAII STATE ETHICS COMMISSION
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STATE OF HAWAII
STATE ETHICS COMMISSION

06 MAY 30 AM 10:20

For lobbying reporting period:	Contact person	TRAVIS UMEMOTO	Phone	81-6169, EX 234
[] January 1 - last day of February	Organization	HAWAII ELECTRICIANS MARKET ENHANCEMENT POLITICAL FUND		
[✓] March 1 - April 30	Mailing Address	1935 HAU STREET, ROOM #300		
[] May 1 - December 31		HONOLULU, HI 96819-5003		
Year of Report 20 <u>06</u>				

PART I. TOTAL EXPENDITURES

The total sum or value of all expenditures for the purpose of lobbying during the statement
period was: \$ 9,245.49

EXPENDITURES

Category	Total Amount	Category	Total Amount
1. Preparation & distribution of lobbying materials		7. Entertainment	
2. Media advertising		8. Food & beverages	\$495.49
3. Telegraph, telephone and other forms of telecommunication		9. Gifts	
4. Postage		10. Loans	
5. Compensation paid to lobbyists	\$8,750.00	11. Other disbursements	
6. Fees (other than to lobbyists)		TOTAL EXPENDITURES	9,245.49

COMPENSATION PAID TO LOBBYISTS

List in this section the names of all lobbyists and compensation paid to the lobbyists during the statement period.

Name	Address	Compensation paid
GERALD H YUH	1935 HAU STREET, ROOM #300 HONOLULU, HI 96819-5003	2,750.00 -
JAMES C PACOPAC	1908 SKYLINE DRIVE HONOLULU, HI 96817	6,000.00 -

EXPENDITURES OF \$25 OR MORE PER PERSON PER DAY

List in this section all expenditures incurred for the purpose of lobbying of \$25 or more per person per day during the statement period.

- ☐ This section is not applicable.
- ☒ Expenditures incurred in the total sum of \$25 or more per person per day were made for the following persons:

Name & Address	Amount or value
Representative Robert Herkes	\$40.63
Representative Jon Karamatsu	\$40.62
Representative Jerry Chang	\$153.08
Representative Calvin Say	\$32.23
Representative Bob Nakasone	\$61.84

Representative Kirk Caldwell
AGGREGATE EXPENDITURES OF \$150 OR MORE PER PERSON **\$45.62**

List in this section all expenditures incurred for the purpose of lobbying in the total sum of \$150 or more per person during the statement period.

- ☐ This section is not applicable.
- ☒ Expenditures incurred in the aggregate of \$150 or more per person were made for the following persons:

Name & Address	Amount or value
Representative Jerry Chang	\$153.08

PART II. CONTRIBUTIONS RECEIVED

List in this section all contributions received for the purpose of lobbying in the total sum of \$25 or more per person during the statement period.

- ☒ This section is not applicable.
- ☐ Contributions received in the total sum of \$25 or more per person were received from the following persons:

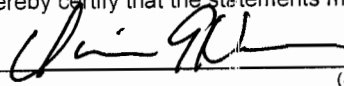
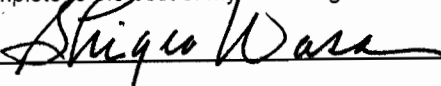
Name & Address	Amount or value

PART III. SUBJECT AREAS OF LOBBYING

Legislative and/or administrative action in the following areas was supported or opposed during the statement period:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Agriculture | <input checked="" type="checkbox"/> Education | <input type="checkbox"/> Human Services | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation |
| <input type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input checked="" type="checkbox"/> Labor & Employment | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input type="checkbox"/> Health | <input type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other: (indicate below) |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | _____ |

I hereby certify that the statements made above are correct and complete to the best of my knowledge

  5/26/06

 (Signature of authorized person) (Date)

Name of authorized person (type or print) Damien T.K. Kim Shigeo Wase
 Title of authorized person Trustee Trustee